

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/936653	FILING DATE			
						APPLICANT(S)				
CLAIMS										
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
2							52			
3							53	1		
4							54		1	
5							55			1
6							56			1
7							57			1
8							58			1
9							59			1
10							60			1
11							61			1
12							62			1
13							63			1
14							64			1
15							65			1
16							66			1
17							67			1
18							68			1
19							69			1
20							70			1
21							71			1
22							72			1
23							73			1
24							74			1
25	1						75			1
26		1					76			1
27	1						77			1
28		1					78			1
29							79			1
30		1					80	1		
31		1					81		1	
32	1						82		1	
33		1					83		1	
34		1					84		1	
35							85	1		
36		1					86		1	
37		1					87	1		
38		1					88		1	
39		1					89	1		
40		1					90		1	
41		1					91		1	
42	1						92			1
43		1					93			1
44	1						94			1
45	1						95			1
46		1					96	1		
47		1					97	1		
48		1					98			
49		1					99			
50		1					100			
TOTAL IND.	15						TOTAL IND.			
TOTAL DEP.	24						TOTAL DEP.			
TOTAL CLAIMS	69						TOTAL CLAIMS			